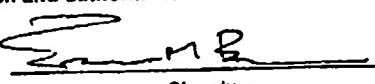


PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) 01P17804US										
<p>In re Application of Nell Leslie Kilpatrick</p> <table border="1"> <tr> <td>Application Number 09/965,570</td> <td>Filed 09/27/2001</td> </tr> <tr> <td colspan="2">For LOW MASS GENERATOR WEDGE AND METHODS OF USING SAME</td> </tr> <tr> <td>Art Unit 2834</td> <td>Examiner HEBA ELKASSABGI</td> </tr> </table>			Application Number 09/965,570	Filed 09/27/2001	For LOW MASS GENERATOR WEDGE AND METHODS OF USING SAME		Art Unit 2834	Examiner HEBA ELKASSABGI				
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For LOW MASS GENERATOR WEDGE AND METHODS OF USING SAME												
Art Unit 2834	Examiner HEBA ELKASSABGI											
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <table> <tr> <td><input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td>\$110</td> </tr> <tr> <td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td> <td>\$_____</td> </tr> <tr> <td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td> <td>\$_____</td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td> <td>\$_____</td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td> <td>\$_____</td> </tr> </table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$_____.</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>19-2179</u>.</p> <p>I have enclosed a duplicate copy of this sheet.</p> <p>I am the <input type="checkbox"/> applicant/inventor.</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71</p> <p>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> attorney or agent of record.</p> <p><input type="checkbox"/> attorney or agent under 37 CFR 1.34(a).</p> <p>Registration number if acting under 37 CFR 1.34(a): _____.</p> <p><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p> <p>July 15, 2004</p> <p>Date</p> <p>407-736-4149</p> <p>Telephone Number</p> <p></p> <p>Signature</p> <p>Terrence M. Brennan</p> <p>Typed or printed name</p>			<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$110	<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$_____	<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$_____	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$_____	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$_____
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$110											
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<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$_____											
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$_____											

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Total of \_\_\_\_\_ forms are submitted.

This collection of information is required by 37 CFR 1.136(e). The information is required to obtain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to cost \$17.00 per application, including gathering, preparing, and submitting the completed application form to the USPTO. Time estimates for this collection of information are based on the average time for each type of individual case, including the amount of time you require to complete this form and/or suggestions for reducing the burden. Any comments on the amount of time you require to complete this form and/or suggestions for reducing the burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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